

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-SEP-2015</b>		2. ADDRESS OF OCCURRENCE <b>906 N CENTRAL PARK AVE CHICAGO, IL 60651</b>		3. LOCATION CODE <b>290</b>		4. BEAT/OCCUR <b>1112</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>CRONIN</b>		7. FIRST NAME <b>ERIC S</b>		8. STAR NO. <b>11828</b>	
9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE <b>WHI</b>		11. AGE <b>600</b>		12. HT. <b>200</b>	
13. DATE OF APPT. <b>15-MAR-2013</b>		14. EMPLOYEE NO. <b>011</b>		15. UNIT & BEAT OF ASSIGNMENT <b>1123</b>		16. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. HT. <b>510</b>		20. WT. <b>150</b>	
21. LAST NAME <b>ANDERSON</b>		22. FIRST NAME <b>JAMES</b>		23. M.I. <b>BLK</b>		24. D.O.B. <b>510</b>	
25. TELEPHONE NO.		26. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>		30. BY WHOM?		31. CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence		32. Refused Medical Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. CHARGES PLACED		34. DNA		35. CR NO. <b>00000000</b>		36. IR NO.	
37. PASSIVE RESISTER		38. ACTIVE RESISTER		39. ASSAULT/ASSAULT		40. ASSAULT/BATTERY	
41. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		42. FLED <input type="checkbox"/>		43. IMMINENT THREAT OR BATTERY <input checked="" type="checkbox"/>		44. ATTACK WITH WEAPON <input checked="" type="checkbox"/>	
45. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		46. PULLED AWAY <input type="checkbox"/>		47. OTHER		48. ATTACK WITHOUT WEAPON <input type="checkbox"/>	
49. OTHER		50. OTHER		51. OTHER		52. OTHER	
53. MEMBER PRESENCE <input checked="" type="checkbox"/>		54. OPEN HAND STRIKE <input type="checkbox"/>		55. ELBOW STRIKE <input type="checkbox"/>		56. KNEE STRIKE <input type="checkbox"/>	
57. VERBAL COMMANDS <input type="checkbox"/>		58. TAKE DOWN/ EMERGENCY HANDCUFFING <input type="checkbox"/>		59. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		60. KICKS <input type="checkbox"/>	
61. ESCORT HOLDS <input type="checkbox"/>		62. OC CHEMICAL WEAPON <input type="checkbox"/>		63. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		64. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
65. WRISTLOCK <input type="checkbox"/>		66. CANINE <input type="checkbox"/>		67. TASER (Probe Discharge) <input type="checkbox"/>		68. TASER (Contact Stun) <input type="checkbox"/>	
69. ARMBAR <input type="checkbox"/>		70. TASER (Spark Displayed) <input type="checkbox"/>		71. OTHER		72. OTHER	
73. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		74. TASER (Contact Stun) <input type="checkbox"/>		75. TASER (Spark Displayed) <input type="checkbox"/>		76. OTHER	
77. CONTROL INSTRUMENT <input type="checkbox"/>		78. TASER (Contact Stun) <input type="checkbox"/>		79. TASER (Spark Displayed) <input type="checkbox"/>		80. OTHER	
81. OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		82. OTHER		83. OTHER		84. OTHER	
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## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CRONIN acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1077328 DETAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-SEP-2015 02:54:14

79. TOTAL TRP's THIS EVENT No.

4